Washington State Department of Social & Health Services

MAA Medical Assistance Administration

MEDICAL ASSISTANCE ADMINISTRATION

CORRECTED CLAIM - STANDARD COVER SHEET

HEALTH PLAN	PRODUCT
ATTENTION	DATE COVER SHEET PREPARED

This is NOT a DUPLICATE claim. Please forward to the appropriate area for reprocessing.

Be sure to attach the updated claim form!

CLAIM IDENTIFICATION INFORMATION

Original Claim Number (from voucher):

PROVIDER OFFICE CONTACT PERSON

NAME	TELEPHONE NUMBER

OTHER INFORMATION

This claim is a corrected billing of a peviously processed claim for the following reason(s):

- ☐ Corrected diagnosis
- ☐ Corrected date of service
- ☐ Corrected charges
- ☐ Corrected patient information
- ☐ Other: _____
- ☐ Corected procedure code (CPT or CM)
- ☐ Addition, or correction, of modifier
- ☐ Corrected provider information

Any specific clarification/comment/instructions (e.g., the claim line that was corrected):

Supporting documentation attached? ☐ Yes ☐ No

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